

EVALUATION OF ACTIVITY♥

Date:

Time:

Name of Activity:

Length of time:

Resident/s who participated:

Did the activity have purpose and was the activity meaningful to the resident?

Did everyone complete the activity?

IF not, who didn't?

What were the factors/situation that prevented or contributed to not completing the activity?

Was the activity offered reasonable, could the resident/s actually succeed?

Did any of the participants become anxious, frustrated, negative, moody, or bored?

What adaptive changes were made or need to be made in the future to ensure enjoyment, success and completion?

Did the resident/s enjoy the activity?

Does the resident/s want to participate again?

If so, when and how frequently?

Is the activity too long or too short?

What talents and interests of the residents increase the participation and/or satisfaction of this activity?

♥ THIS SHEET IS A TOOL TO EVALUATE, IMPROVE AND DEVELOP SOCIAL AND RECREATIONAL ACTIVITIES. *IT IS NOT A REQUIRED DOCUMENT.*

Is the activity culturally appropriate?

If not, what adjustments need to be made?

Would the residents like to do this activity again?
When?

Ideas and/or recommendations:

Resident and/or family Comments: